



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL
AND FORT SAM HOUSTON
FORT SAM HOUSTON, TEXAS 78234-5014

MCCS-PE

28 JUL 2006

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: OCONUS Leave or Travel Clearance Policy

1. References.

- a. DoD Directive 4500.54, 1 May 1991
- b. DoD 4500.54-G, Foreign Clearance Guide (FCG), <https://www.fcg.pentagon.mil/>
- c. AR 55-46, Travel Overseas, 20 June 1994
- d. AR 600-8-10, Leaves and Passes, 15 February 2006

2. Purpose. This policy serves to delineate policy and implement procedures for the processing of all outside the continental United States (OCONUS) travel requests.

3. Scope. This memorandum applies to all personnel assigned or attached to the Army Medical Department Center and School (AMEDDC&S). For the purposes of official TDY, this applies to all military and Department of the Army civilians. All other forms of OCONUS travel, to include PTDY, leave and pass; applies to all military personnel.

4. Policy.

a. The Commander, 32d Medical Brigade is the travel approval authority for OCONUS travel for all assigned and attached personnel under the AMEDDC&S.

b. The FCG is recognized by DoD as the sole prescribing authority for travel clearance. Compliance with the FCG and travel approval authority guidelines is mandatory for the processing of all OCONUS travel. As the majority of countries require 30-60 days to process requests it is imperative that completed packets be submitted through the chain of command once OCONUS travel is identified.

c. For the purposes of permissive TDY, leave and/or pass, approval from the travel approval authority is required. Leave or travel within U.S. possessions of Puerto Rico, Virgin Islands, Guam, American Samoa and Northern Mariana Islands does not require travel clearance.

d. For the purpose of Official TDY, locations should be undertaken only when the need is absolutely clear, and then only by the smallest groups possible, consistent with mission requirements.

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e. **All completed OCONUS travel request packets must be submitted to the G1, AMEDDC&S at least 45 days prior to proceed date of travel.** The required formats for the travel requests are enclosed with this policy.

f. The information requested for inclusion on the memorandum is required to obtain country, theater and special area travel clearance(s), as required. Failure to submit the travel request memorandum or to comply with any requested information from the travel manager may cause delay or denial of OCONUS travel clearance.

g. Final approval from the Commander, 32d Medical Brigade is required by all personnel prior to commencement of any OCONUS travel. The approved travel clearance documents must accompany the final travel order. Failure to comply with this action may result in UCMJ action.

5. Procedures. Allow a minimum of **60 days** for completion of travel requests.

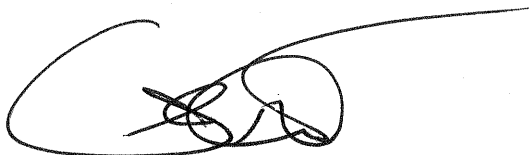
a. Complete Anti-Terrorism (AT) and Force Protection training.

b. Contact the Security Office to set up Area Specific Briefing, if applicable. Provide the Security Office the travelers' SSN and destination prior to the requested briefing to minimize the time required for the briefing.

c. Submit completed requests (DA31/1610, enclosed memo and AT Level 1 certificate) for OCONUS travel to your supported battalion S1. The battalion will screen all packets and ensure that the commander has approved the travel authorization (DA 31 or 1610) and signed the appropriate memorandum (enclosed). The G1 will process the travel request and provide the battalion S1 the final approval letter.

d. Traveler will be notified and provided copies of the completed approval letter as well as any associated travel documents prior to initiating OCONUS travel. Failure to gain approval for OCONUS travel may result in UCMJ action.

FOR THE COMMANDER:



2 Enclosures
1. Leave/Pass/PTDY
2. Official TDY

J. M. HARMON, III
Colonel, MS
Chief of Staff

DISTRIBUTION: A

Enclosure 1 (Leave/Pass/PTDY Format)

(LETTERHEAD)

(OFFICE SYMBOL)

MEMORANDUM FOR G1, Army Medical Department Center and School (MCCS-PE), 2250 Stanley Road, Fort Sam Houston, Texas 78234

SUBJECT: Request Approval of Leave/Pass/PTDY (OCONUS)

1. Request approval for leave and appropriate clearances. The following information is submitted.
2. Particulars of Visitor:
 - a. Name, Rank, SSN, Duty Title:
 - b. Complete Unit Address/Phone #:
 - c. Date and Place of Birth:
 - d. Passport no. and date/place of Issue:
3. Dates of Leave/Pass/PTDY:
4. Proposed Itinerary and location:
 - a. Point of Contact or person to be visited:
 - b. Address:
 - c. Phone #:
5. Purpose of Visit:
6. Anti-Terrorism and Force Protection Briefing Date:
7. Point of contact for this request (name and DSN/commercial number).

(Battalion Commander Signature and
Signature Block)

Enclosure 2 (Official TDY Format)

(LETTERHEAD)

(Office Symbol)

MEMORANDUM FOR G1, Army Medical Department Center and School (MCCS-PE), 2250 Stanley Road, Fort Sam Houston, TX 78234

SUBJECT: Request Approval of OCONUS TDY Travel (Theater/Country/Special Area Clearance as Applicable)

1. Request approval of OCONUS TDY and appropriate clearance(s). The following information is submitted in accordance with (IAW) AR 55-46 and DOD Foreign Clearance Guide.

2. Particulars of visitor(s): (**Note: Start with Senior Rank**)

a. Senior ranking visitor:

- (1) Rank and Name:
- (2) SSN:
- (3) Security Clearance:
- (4) Date and place of birth:
- (5) Passport number and expiration date/place of issue:
- (6) Duty Title/Position:
- (7) Complete Unit address:

b. Visitor number two: (**same information as 2a above, repeat as necessary for all visitors**)

3. Departure date and number of days TDY:

4. Mode of transportation: (**To be determined by local transportation office unless otherwise specified by hosting unit/agency**)

5. Proposed itinerary and locations:

a. First location:

- (1) Unit/agency/facility to be visited:
- (2) Location: (**Complete address, city, country**)
- (3) Point of contact:
- (4) DSN and commercial phone numbers:
- (5) DSN and commercial FAX numbers:
- (6) Date of arrival at location:

OFFICE SYMBOL

SUBJECT: Request Approval of OCONUS TDY Travel (Theater/Country/Special Area Clearance as Applicable)

- (7) Date of departure:
- (8) Specific/detailed purpose of visit:
- (9) Type of visit: ***(initiated by USG, foreign government, commercial initiative, by invitation, or initiated by visitor)***
- (10) Statement as to whether classified information will be discussed and whether visitor will meet with foreign officials. If classified information is to be discussed and/or disclosed to foreign officials, indicate security classification of information and authority for disclosure.
- b. Second location: ***(same information as above, repeat as necessary)***
- 6. Statement of funding source:
- 7. Logistical support required:
- 8. Medical statement that traveler is fit for travel in the area(s) involved.
- 9. Alternate dates if visit cannot be accommodated at preferred time.
- 10. Copies of any correspondence about travel requested from an overseas commander/host (particularly, invitations). **Invitations from non-military organizations must include their POCs, phone number, and complete address for both CONUS and OCONUS locations coordinating travel arrangements for all participants.**
- 11. Dates and length of last visit to the area by traveler.
- 12. Implications if travel is not approved.
- 13. Complete justification if request does not meet the required lead time.
- 14. **I, the undersigned, certify that the above named individual(s) has/have been administered the appropriate Anti-Terrorism/Force Protection Briefing. The briefing was administered/is scheduled for (Date) (not more than 6 months prior to travel date).**
- 15. Point of contact for this request (***name and DSN/commercial number***).

(BN Commander Signature and Signature Block)